

BHDDH Federal Grant Funding



In order to achieve our goals in the Behavioral Health Division, our staff researches and determines which federal grants will best serve BHDDH in piloting programs to address the needs in our system of care. The Behavioral Health Division applied for and received the following grants:

- **State Opioid Response Grant (SOR):** Initiatives under this grant include reducing the number of prescription drug/opioid overdose related deaths and adverse events among individuals 18 years of age and older, increasing access to treatment and reducing unmet needs through the provision of prevention, treatment and recovery activities and supporting a comprehensive response using epidemiological data in the planning process. This grant will impact over 200,000 residents and provide treatment to 800 individuals.
2 year grant - \$12,595,087 per year. Total of \$25,190,174; currently in year 1
 - **Screening, Brief Interventions and Referral to Treatment (SBIRT):** Provides screening, brief intervention and referral to treatment in six high risk communities and the Department of Corrections. SBIRT allows for Community Health Teams, a DOH initiative that integrates health and behavioral health services in high need communities. SBIRT also allows for early identification of at-risk populations and provides community-based treatment and recovery supports.
5 year grant - \$1,090,327 this year. Total of \$7,723,827; currently in year 3
 - **Medication Assisted Treatment (MAT):** This grant creates six Centers of Excellence over a three-year period to provide medication assisted treatment and educates primary care providers to better serve their patients with opioid use disorders.
3 year grant - \$1,000,000 per year. Total of \$3,000,000; currently in year 3
 - **Cooperative Agreement to Benefit Homeless Individuals:** Provides permanent supportive housing for individuals experiencing long term homelessness, veterans and individuals cycling through prison and the homeless system.
3 year grant - \$1,800,000 per year. Total of \$5,400,000; currently in year 3
 - **Healthy Transitions:** A program for youth/young adults who have, or are at risk of developing, a serious mental illness or co-occurring disorder and provides individualized, person-centered care. Achieving the goal involves making structural changes at both state and local community levels.
5 year grant - \$1,000,000 per year. Total of \$5,000,000; currently in year 5
 - **Strategic Prevention Framework Partnerships for Success (PFS):** Provides funds for 12 communities to address underage drinking efforts and to reduce marijuana use in youth ages 12-17, as well as to assess prescription drug use and misuse among youth and young adults ages 12-25. The PFS currently provides funds to support the work of the State Epidemiology and Outcomes Workgroup and this group has collected and disseminated state level and community level data relevant to substance use and related consequences, including opioids.
5 year grant - \$2,202,611 per year. Total of \$11,013,055; currently in year 5
 - **Combined Mental Health and Substance Abuse Prevention and Treatment Block Grant:** Funds programs including peer support services, education and promotion activities, residential treatment beds, student assistance programs in middle and high schools and seven regional substance use prevention task forces. The Regional Prevention Coalitions provide comprehensive substance use prevention and behavioral health promotion services in Providence County, Eastern Providence County, City of Providence, Central RI/ West Bay, East Bay, Newport County, and South County.
New grant award every year - current Substance Abuse award is \$7,598,476 and Mental Health award is \$1,961,141
 - **Projects for Assistance and Transition from Homelessness (PATH):** Funds services for people with serious mental illness who are experiencing homelessness. PATH services include screening and assessments, case management, coordination of care, access to benefits enrollment, and coordination of state outreach services to the homeless.
New grant award every year - current PATH award is \$300,000
 - **State Youth Treatment Implementation Grant:** This grant focuses on evidence-based, substance use disorder treatment practices for youth and young adults ages 12-25 with SUD or co-occurring SUD and mental health issues.
4 year grant - \$800,000 per year. Total of \$3,200,000; currently in year 2
- NEW GRANTS:**
- **Promoting Integration of Primary and Behavioral Healthcare (PIPBHC):** Funds engagement, outreach, screening, assessment and implementation of evidence-based practices as well as assisting the lead agencies in developing practices that fully integrate health and behavioral health care in primary care settings. This program will serve family members, identified by youth, with mental illness, substance use disorder and chronic health conditions to holistically treat the youth and adolescents.
5 year grant - \$2,000,000 per year. Total of \$10,000,000; currently in year 1
 - **Strategic Prevention Framework Partnerships for Success II:** Funds high risk communities to implement evidence based practices and policies to address the problem of underage drinking between the ages of 12-20.
5 year grant - \$2,260,000 per year. Total of \$11,300,000; currently in year 1



RI Department of Behavioral Healthcare,
Developmental Disabilities & Hospitals

BHDDH Today

The Annual Report of BHDDH
2018 - 2019

Message from Rebecca Boss, Director

It is my pleasure to provide you with a yearly update on the happenings in the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) as we continue to provide services with a focus on improving the quality of life for Rhode Island’s most vulnerable populations.



We provide services to more than 50,000 Rhode Islanders, and their loved ones, who are living with mental illness and/or substance use disorders, have developmental disabilities, or need Long-Term Acute Care in the state hospital system, known as the Eleanor Slater Hospital (ESH). In addition, BHDDH administers funds which support a statewide network of prevention and mental health promotion initiatives, as well as recovery support services and activities.

BHDDH has three priorities: **Access, Quality** and **Safety**. We have an overarching goal to ensure Rhode Islanders will have the opportunity to enjoy the best possible behavioral health and well-being, with full access to the benefits of community living in the most integrated setting that is appropriate for their needs.

Our three priorities can be explained as:

- ACCESS** - we want to increase the number of individuals who access services in the community, at the time and locations of their choosing. It is also about expanding hours of services, having services delivered where needed (not necessarily in four walls), and having transportation available. We must continue to work on the social determinants of health, including access to housing, employment and transportation.
- QUALITY**- we are looking to improve quality of life through the delivery of a person-centered, evidence-based practice in the community. BHDDH is also working with community stakeholders and Institutes of Higher Education to strengthen and expand the workforce of those individuals we serve.
- SAFETY**- we want to reduce the number of serious incidents of abuse, neglect and exploitation among the populations that we serve.

Our cross-cutting principles ensure that all our programs are data driven, person-centered and community-based.

In order to continue the important work in the areas of access, quality and safety, I have reorganized BHDDH to ensure that all Divisions are advancing these priorities as a team and aligning our critical work. To ensure consistency and collaboration across Divisions and to improve efficiencies and accountability, I have centralized:

- Clinical and Community Alternatives
- Public Affairs (Communication, Planning, Policy and Legislation)
- Licensing, Quality Assurance and Quality Management
- Human Resources, Training and Disaster Preparedness
- Date and Evaluation

BHDDH also recognizes the importance of housing and employment to the recovery process and will be focusing on a cross-disability employment initiative and increasing community-based housing options in partnership with our state agencies partners.

With your continued support of BHDDH, I know we will continue to do well by all those who are in need of services.

Becky
Rebecca Boss, MA
Director

2018 BHDDH Accomplishments

Agency-Wide:

- The **Regulatory Revision project** successfully concluded with a **cross-section of stakeholders participating in the process**. Family members, providers, advocates and staff worked on the 18-month project. We are pleased to report that BHDDH regulations have been reduced by 54%, making work with BHDDH more streamlined and efficient with this significant reduction in unnecessary regulations.
- BHDDH increased **minority staffing levels to 31%** of its' Full Time Equivalent (FTE) workforce in 2018. BHDDH has consistently ranked as the #1 Department in RI state government for minority workforce com-

position.

Behavioral Healthcare Division (BHD):

- The November 2018 launch of **BH Link (LINK)**, a **24/7 facility serving individuals in crisis due to mental health, substance use disorder and co-occurring disorders**, at a triage center in East Providence. This is the first statewide crisis center in Rhode Island which also provides information and referrals to services for individuals and family members who are in crisis. The Link is providing mobile outreach to individuals in crisis and transports them back to the triage center or to other treatment settings when necessary. This provides Rhode Islanders with compassionate, appropriate care that serves as an alternative to the trauma that some experience in emergency departments.
- Governor Raimondo signed a **Mental Health Executive Order** in May, which brought together our colleagues across state government in order **to increase access to services, create true parity**, address barriers to treatment and reduce the negative perception of mental illness.
- The RI Department of Health (RIDOH) and BHDDH reintroduced a **RI hospitals and community behavioral healthcare provider census program** which tracks daily vacancies and blocked beds at inpatient psychiatric hospitals, inpatient and outpatient detoxification sites and crisis stabilization units. This allows us to understand, in close to real time, the true daily capacity of our acute behavioral healthcare system and facilitates placements.
- **The Governor's Overdose Prevention and Intervention Task Force**, of which Director Boss is a Co-Chair, is building on the infrastructure developed the last three years and **making significant new investments in critical areas of overdose response**. Accomplishments over the past three years include: Creation of 14 Centers of Excellence; Extensive opioid competence at RI hospitals through Levels of Care and 48-hr Emergency Department reporting; Medication Assisted Treatment at the Department of Corrections; and, Community Overdose Engagement Summits along with state/local partnerships.

Developmental Disabilities Division (DDD):

- In 2018, **the last sheltered workshop closed for individuals with a developmental disability in Rhode Island**.
- In an effort to come into compliance with the federal Home and Community Based Services (HCBS) Final Rule (allowing individuals to live and work in the most integrated settings), an assessment was done on the DDD residential system. It was determined **two RICLAS special care facilities** would not meet those requirements and needed to close. There was a tremendous amount of work involved in making this happen with the least amount of disruption to the individuals residing there. All residents were given a choice about where they would like to live. One house closed and the other will be closed by the Spring.
- The Division secured funding with a federal match for an **Electronic Case Management System, the Therap system**, which specializes in electronic records and documentation in services for people with Intellectual/Developmental Disabilities. All DDD staff and provider agencies have been trained on the system, which will be fully implemented by the end of the year.
- Through the **Person Centered Supported Employment (PCSEPP) Pilot Program**, **189 individuals have obtained employment**. By using performance based contracting we have been able to increase person-centered planning, staff training and certification, and employment outcomes. Moreover, PCSEPP has an 85% employment retention over 180 days of employment.

Eleanor Slater Hospital (ESH):

- In early March 2018, **The Joint Commission (TJC) issued a full three-year accreditation to ESH**. TJC had earlier cited ESH for issues with the aging buildings, although the surveyors were impressed with the care which staff provided to patients. TJC survey that ESH experienced reflected what many hospitals that care for psychiatric patients across the nation experienced: enhanced scrutiny because of the increase in the number of suicides and suicide attempts due to ligature risks. ESH's situation was even more acute, since some of the facilities date back to 1938. Working with the Department of Capital Asset Management and Maintenance, the Benton building was identified as an ideal replacement facility for the forensic patients and patients moved in the Fall of 2018. Renovations are planned for the Regan Unit so all patients will be cared for in two buildings on campus, Benton and Regan, allowing for the easier scheduling of staff and the reduction of overtime costs.

Eleanor Slater Hospital Update

Eleanor Slater Hospital (ESH), operated by BHDDH, is licensed by the Department of Health and accredited by The Joint Commission (TJC). The hospital, located on two campuses (Cranston and Burrillville), treats patients with long-term, complex medical conditions as well as patients with psychiatric disorders.



A Safer Environment

This past year, the hospital underwent many safety renovations in order to regain accreditation by TJC. Dated furniture, which could have posed a health hazard, was replaced in all the psychiatric units and RIDOH lifted two compliance orders, which dated back to 2015 and 2016. However, the biggest accomplishment was the successful renovation of the Roosevelt Benton Center (Benton), DCYF's vacant facility. Benton was identified as a building which had the potential to serve ESH patients and underwent an \$8 million renovation. Benton ensures a safe, ligature-resistant environment for acute patients in BHDDH's care. All changes made to Benton meet current standards for inpatient psychiatric units including special doors and hardware, safe furnishings and improved security features.

Renewing Our Focus on Recovery at ESH

We hired 11 psychiatric technicians to work with our patients in Benton and will soon be adding the psych technicians to our other facilities. The psych technicians are individuals with a bachelor's degree in behavioral sciences and at least two years experience working with individuals with serious mental illness. Their focus is to help our patients develop skills to assist them in their recovery and eventually succeed in the community. We are training a team in "Safe Wards," an evidence-based program designed to help our employees better respond to (and reduce the opportunity for) conflict to occur on our units. The trainers will then teach this important program to the staff. Additionally, we redesigned and implemented daily programming on our psychiatric units with a renewed focus on recovery.

Completed the Hiring of our Clinical Leadership Team

In August, Dr. Brian Daly joined us as our Chief Medical Officer for both ESH and BHDDH. Dr. Andrew Stone was hired in October, he has expertise in both addiction medicine and pulmonology. Robin Dolan, P.T., was appointed Director of Physical Rehabilitation, and Katarina Lukatella, Ph.D., assumed the role as Director of Psychology. These additions merged the departments of both campuses and ensured that our clinical staff have the clinical supervision required under regulation and for their own professional development.



RI's First Crisis and Triage Center

BHDDH, in partnership with Governor Gina M. Raimondo, Community Care Alliance (CCA) and Horizon Healthcare Partners, opened the doors in November to RI's first crisis center, **BH Link Triage & Call Center (LINK)**. The LINK is a 24/7 facility for Rhode Islanders experiencing behavioral health crises, including substance use disorder, and for the families and friends of those individuals struggling to find help.



In January 2018, Governor Raimondo proposed creating a one-stop shop for behavioral health crises as part of her Fiscal Year 2019 budget to help ensure people with urgent mental health care needs are connected instantly and efficiently to the care they need. Most recent data show that about 15 percent of emergency room visits are behavioral health related.

The LINK provides immediate assistance and support with the help of a professional team of registered nurses, counselors, psychiatrists, phone screeners and peer specialists. Among the services that are provided include a crisis and suicide hotline, housing and basic needs referrals, mobile crisis services,

short-term psychiatric services, substance use disorder assessments and education, domestic violence assessments/referrals and more.

At the opening, Director Boss stated, "We know that treatment works and recovery is possible, but lack of access was a crucial missing element. Whether someone is struggling with addiction, or needs support for a mental health condition, the LINK can provide the connection to the appropriate level of care. The focus of this program is providing services in the community – not in a hospital and not through the criminal justice system."

If you or someone you love is going through a mental health or substance use crisis, there is information, there is compassion. There is help. 24-hours-a-day, seven-days-a-week. Call 401-414-LINK (5465) or walk into the facility at 975 Waterman Ave, East Providence, RI.